



## RESPONSES TO INFORMATION REQUESTS (RIRs)

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### **ZWE42970.E**

Zimbabwe: Health and social services available to individuals with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS); restrictions on housing and employment for individuals with HIV/AIDS; circumstances under which HIV/AIDS testing is mandatory; degree of social stigma encountered by individuals known or presumed to suffer from HIV/AIDS  
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#### **Health and social services available to individuals with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS)**

In 2003, the AIDS prevalence in adults aged 15 to 49 years was between 21.7 per cent and 27.8 per cent while the actual number of people living with HIV/AIDS was 1,500,000 to 2,000,000 according to the World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) (WHO July 2004; see also UNDP 15 July 2004).

According to the WHO, the government of Zimbabwe has instituted

a comprehensive response to HIV, especially for care and treatment, which includes treatment for opportunistic infections; community and home-based care and support; and antiretroviral treatment (July 2004).

Despite the existence of health care facilities and social services infrastructure, "prevailing harsh economic conditions," "resource constraints" as well as "reduced donor support," mean that, as at September 2004, the Zimbabwean government is not able to meet its full potential for providing the needed services (WHO July 2004; *Zimbabwe Standard* 29 Aug. 2004). Doctors and nurses are dying of the disease in great numbers or are emigrating to other countries, reducing the number of trained personnel available to fight this disease (WHO July 2004; *CDFI* 1 July 2004).

The government has in recent years created initiatives to attempt to fill existing gaps (MSF 29 May 2002; UCSF Oct. 2003, 11). As part of this undertaking, in 1999 the government created its National AIDS policy (*ibid.*, 11), and the National HIV/AIDS levy (*ibid.*, 12; WHO July 2004) which has raised approximately US\$3 million to buy antiretroviral drugs in its first five years in force (*ibid.*). In 2002, the government also declared a six-month state of national emergency regarding HIV/AIDS, the purpose of which was to provide access to treatment for all people in need of it, since the costs of ARV drugs make them

unattainable for many Zimbabweans (ibid.; MSF 29 May 2002; VOA 15 June 2004; UCSF Oct. 2003, 11). As of October 2003, according to researchers at the University of California at San Francisco's (UCSF) AIDS Research Institute and AIDS Policy Research Center, the reach of these services does not come close to providing the treatment that is required (Oct. 2003, 11, 12).

For instance, as of July 2004 ARVs were being administered in only four major health care centres (IRIN 30 July 2004). As of June 2004, there were only 6,000 people who had access to antiretroviral (ARV) treatment while WHO and UNAIDS estimate that, by the end of 2005, there will be 290,000 people in need of this therapy (WHO July 2004). In contrast, the government of Zimbabwe's target for providing ARV therapy by 2005 is 55,000 (ibid). Thus, a lack of access to treatment exists and "without the support of international donor funds it [is] unlikely that the government would have the capacity to expand treatment programs" (IRIN 30 July 2004; WHO July 2004; MSF 29 May 2002).

In part attributed to its unstable situation, Zimbabwe has suffered a setback in its fight against HIV/AIDS as the Global HIV/AIDS Fund in 2004 rejected its application for funding (*Zimbabwe Standard* 29 Aug. 2004).

The infrastructure needed to expand access to services, however, is available according to the World Health Organization (July 2004). For instance, tuberculosis clinics already in operation provide a good base from which to launch HIV/AIDS initiatives (ibid.). Mother-to-child-transmission prevention facilities are also already in operation in 174 sites around the country (ibid.).

### **Circumstances under which HIV/AIDS testing is mandatory**

The Government has instituted the Statutory Instrument 202 of 1998, which prohibits mandatory testing (Zimbabwe 1998). In addition, according to the WHO and UNAIDS, testing is done around the country only on a voluntary basis (WHO July 2004; PRB Jan. 2003). However, in 2004 testing became mandatory in the Pentecostal Assemblies of Zimbabwe for all "pastors, marriage officers and would-be couples" (*News from Africa* Dec. 2003). Information on the government's response, if any, to this move could not be found.

### **Degree of social stigma encountered by individuals known or presumed to suffer from HIV/AIDS**

In spite of the Statutory Instrument 202 of 1998 and a growing awareness of the disease, those with HIV/AIDS do suffer stigma and discrimination in Zimbabwean society (ZAN Feb. 2004; UCSF Oct. 2003, 7; *The Herald* 4 Dec. 2002; RN 10 Dec. 1999). According to *The Herald*, AIDS is associated with deviant behaviour, resulting in sufferers being shunned and having to live in isolation (4 Dec. 2002). Fearing the repercussions of a positive result, therefore, many people do not get themselves tested for HIV/AIDS (ZAN 2003; *The Herald* 4 Dec. 2002). For instance, pregnant women often do get themselves tested but fail to return to get the results for fear of the reaction from their husbands or communities if they test positive (Kaiser Network 7 Oct. 2002). When those who are infected become seriously ill, because of stigma, they may lose their employment and health care or insurance (*The Herald* 4 Dec. 2002). Stigma is also a factor in keeping students ignorant about the real causes of HIV/AIDS, especially since many teachers are themselves HIV positive and are unable to discuss openly the issue of how HIV is transmitted with their students (*Daily News* 20 June 2003).

## **Restrictions on housing and employment for individuals with HIV/AIDS**

The government of Zimbabwe has instituted the Zimbabwe Labour Relations (HIV and AIDS) Regulations, 1998, also known as the Statutory Instrument 202 of 1998, which prohibits workplace discrimination related to an employee's HIV status (Zimbabwe 1998; RN 10 Dec. 1999). The regulations state for instance, that "[n]o employer shall require, whether directly or indirectly, any person to undergo any form of testing for HIV as a precondition to the offer of employment" (Zimbabwe 1998). The regulations also state that no employer can terminate employment because of someone's HIV status (ibid). No information on how the regulations have been implemented in practice could be found. Furthermore, according to UCSF, "to what degree preemployment HIV testing and HIV/AIDS-related workplace discrimination are occurring is unknown" (Oct. 2003, 12).

According to *The Herald*, people who have HIV or are suspected of having HIV may be denied housing (4 Dec. 2002). Corroborating information could not be found.

This Response was prepared after researching publicly accessible information currently available to the Research Directorate within time constraints. This Response is not, and does not purport to be, conclusive as to the merit of any particular claim to refugee status or asylum. Please find below the list of additional sources consulted in researching this Information Request.

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